

# CLAIM FOR REIMBURSEMENT

Office of Finance and Management

Department of Education

CHILD AND ADULT CARE FOOD PROGRAM  
CHILD AND ADULT CARE CENTERS  
July 2005 through June 2006

700 Governors Drive  
Pierre, SD 57501-2291

Phone: 605-773-3248 Fax: 605-773-6139

FOR CANS USE ONLY

Local Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ FAX: \_\_\_\_\_

Claim for Month of \_\_\_\_\_ Yr \_\_\_\_\_

Site Type: ☐ Child Center ☐ Adult Center

☐ Outside School Hours ☐ Head Start

☐ Proprietary Title XIX Center

☐ Proprietary Title XX Children Center

☐ Proprietary Title XX Adult Center

Check one: ( ) Original ( ) Revision

## PART A General Information

(See Instructions On Back)

\*(ADA and ADP  
round up to next  
highest whole number)

Enrollment Total \_\_\_\_\_ Number of Centers Regular \_\_\_\_\_

Area Eligible \_\_\_\_\_ Area Eligible \_\_\_\_\_

Approved Free \_\_\_\_\_ Number of Days Served \_\_\_\_\_ \*ADA \_\_\_\_\_

(Only sites not area eligible) \_\_\_\_\_ License Capacity \_\_\_\_\_ \*ADP \_\_\_\_\_

Approved Reduced \_\_\_\_\_

## PART B Reimbursement

### MEALS X RATE = REIMBURSEMENT

#### 1. Breakfast

Paid (1a) \_\_\_\_\_ X .23 = \$ \_\_\_\_\_  
Free (1b) \_\_\_\_\_ X 1.27 = \$ \_\_\_\_\_  
Reduced (1c) \_\_\_\_\_ X .97 = \$ \_\_\_\_\_

Total  
Breakfast (1d) \_\_\_\_\_ (1e) \$ \_\_\_\_\_

#### 2. Lunch

Paid (2a) \_\_\_\_\_ X .22 = \$ \_\_\_\_\_  
Free (2b) \_\_\_\_\_ X 2.32 = \$ \_\_\_\_\_  
Reduced (2c) \_\_\_\_\_ X 1.92 = \$ \_\_\_\_\_  
Total Meals (2d) \_\_\_\_\_

Cash in Lieu  
(2e=2d) (2e) \_\_\_\_\_ X 1.750 = \$ \_\_\_\_\_  
Total Lunch Reimbursement (2f) \$ \_\_\_\_\_

#### 3. Supper

Paid (3a) \_\_\_\_\_ X .22 = \$ \_\_\_\_\_  
Free (3b) \_\_\_\_\_ X 2.32 = \$ \_\_\_\_\_  
Reduced (3c) \_\_\_\_\_ X 1.92 = \$ \_\_\_\_\_

Total Meals (3d) \_\_\_\_\_  
Cash in Lieu  
(3e=3d) (3e) \_\_\_\_\_ X 1.750 = \$ \_\_\_\_\_

Total Supper Reimbursement (3f) \$ \_\_\_\_\_

#### 4. Supplement

Paid (4a) \_\_\_\_\_ X .05 = \$ \_\_\_\_\_  
Free (4b) \_\_\_\_\_ X .63 = \$ \_\_\_\_\_  
Reduced (4c) \_\_\_\_\_ X .31 = \$ \_\_\_\_\_  
All Free (4d) \_\_\_\_\_ X .63 = \$ \_\_\_\_\_

(Area Eligible)  
Total  
Supplements (4e) \_\_\_\_\_ (4f) \$ \_\_\_\_\_

5. Total Reimbursement (add Breakfast, Lunch, Supper and Supplement Totals) (1e+2f+3f+4f) = \$ \_\_\_\_\_

## PART C Title XX Certification (For Profit Centers Only)

The institution certifies that at least 25% of enrolled participants or licensed capacity, whichever is less, during this reporting month:

☐ received Title XX payments ☐ were eligible for Free or Reduced Price (F/RP) meals.

☐ This is to notify you that the institution had less than 25% of enrolled participants or licensed capacity, which ever is less, eligible for F/RP meals and received Title XX payments of less than 25% of enrolled participants, or 25% of licensed capacity, which ever is less during this reporting month.

Total Enrollment: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_ # of Title XX Participants: \_\_\_\_\_ # of F/RP Participants: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief this Claim for Reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

All receipts, invoices and other evidence of purchase must be retained for 3 years for future audit. All claims must be on a calendar month basis except for months when meals are served for ten days or less.

**ATTENTION:** ALL CLAIMS ARE DUE IN THE OFFICE of FINANCE and MANAGEMENT ON / BEFORE THE TENTH OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

**DISTRIBUTION:** ORIGINAL or fax to Office of Finance and Management; COPY to be retained for sponsor's file.

(Revised 7/05)

## Child and Adult Care Food Program

## INSTRUCTIONS

## Claim for Reimbursement "Child and Adult Care Centers"

A claim is usually sent to OFFICE OF FINANCE AND MANAGEMENT for each month of program operations. However, if the first or last month of operation for any year contains 10 operating days or less, that month may be combined with Claim for Reimbursement for the appropriate adjacent month. (July may not be included with June's claim due to new reimbursement rates.)

### Part A General Information

- **"Enrollment"** is the number of participants whose parent or guardian has submitted to your local agency a signed document that indicates that the participant is enrolled for care. Centers serving participants in Needy areas should, also, report number of participants under "Area Eligible".
- **"Approved Free"** are the participants from a family that have a completed application which meets the income standards for free meals and for which neither the participant nor any members of his family pays or is required to work in the food service program.
- **"Approved Reduced"** are the participants from a family that have a completed application which meets the income standards for reduced price meals.
- **"ADA"** the **Average Daily Attendance** is the total number of participants who attend the center during the month divided by the number of days in service for the month (round up to next highest whole number). ADA can never be less than ADP. To calculate the Average Daily Attendance (ADA) on the CACFP Claim for Reimbursement, these steps should be followed for each site each month:

**Step 1.** At the end of each day, determine the number of different participants who attended that day.

**Step 2.** At the end of the reporting month, add the daily attendance totals. This figure is your total monthly attendance.

**Step 3.** To determine the ADA, divide the total monthly attendance by the number of days served.

The following is an example of a sample worksheet for calculating ADA:

Date	Daily Attendance
Jan 3	25
Jan 4	30
Jan 5	35
Jan 6	28
Jan 9	27
Jan 10	36
Total Monthly Attendance	= 181
Divided by Days Served	÷ 6
ADA	= 30.16

Always round up to the nearest whole number when calculating the ADA. In the example above, the  $30.16 = 31$

The local agency claim form must indicate the grand total ADA by adding together the ADA for each site.

- **"ADP" The Average Daily Participation** can be found by using the largest meal type (excluding supplements) and divide by the number of days served. For example, if you served 100 breakfasts, 200 lunches, 60 suppers, and served 20 days for the month; your ADP would be:  $200 \div 20 = 10$  participants. ADP can never exceed ADA (round up to next highest whole number.)
- **"Number of Days Served"** is the number of days food service operated this month.

- **"License Capacity"** is the maximum enrollment authorized for the Care Center.
- **"Site Type"** is 1 of 7 types:
  - (1) Outside school hours-any center that operates only outside school hours; i.e., after school or weekends.
  - (2) Head Start-any center that has USDHHS approval to operate as a Head Start.
  - (3) Proprietary Title XIX Center-any private for profit center that provides nonresidential care services under Title XIX of the Social Security Act.
  - (4) Proprietary Title XX Children Center-any private for profit center that provides nonresidential care services for children under Title XX of the Social Security Act.
  - (5) Proprietary Title XX Adult Center-any private for profit center that provides nonresidential care services for adults under Title XX of the Social Security Act.
  - (6) Children Centers-any other center approved to operate CACFP. This includes regular child care centers.
  - (7) Adult Centers-any other center approved to operate CACFP. This includes regular adult care centers.

A local agency that has more than one site type must submit a separate Claim for Reimbursement for each site type.

### Part B Reimbursement

Report total of eligible meals.

Multiply the number of eligible meals by the rate of reimbursement printed on the claim form for each type of meals.

2e and 3e-all CACFP agencies will claim lunches and suppers at the "Cash in Lieu of Commodities" rate. Enter total meals from 2d on line 2e and total meals from 3d on line 3e.

Outside School Hours Programs serving children in Needy areas receive reimbursement at the "free" rate for child's snack for approved sites. This is reported on the "all free" line.

Add totals for sections 1, 2, 3, and 4 and enter on line 5.

### Part C Title XX Certification

Title XX and for profit centers need to certify whether or not they received Title XX payments or had children eligible for free or reduced price meals for at least 25% of the enrolled participants or 25% of the licensed capacity, which ever is less, during the reporting month. In both cases, total enrollment, license capacity, and number of Title XX participants or the number of free and reduced price children need to be reported for verification purposes.

**CLAIMS** received after sixty (60) days from the last day of the month being claimed will not be approved for payment. If a one-time exception is needed, contact Office of Finance and Management at 605-773-3456.

**NOTE:** Date and sign with an original signature  
A signed faxed copy is acceptable. A second (hard) copy is not needed.

### DISTRIBUTION:

**Original or fax** to Office of Finance and Management  
**Copy** to be retained for sponsor's files.